

United States Courts
Southern District of Texas
FILED

APR 13 2009

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS

Michael N. Milby, Clerk of Court

In Re: Estate of Anne P. Hutton ,
deceased

§
§
§
§

Case No. 95-47219

Debtor(s).

Application for Payment of Unclaimed Funds
and Certificate of Service

1. I am making application to receive \$ 19,579.74 , which was deposited as unclaimed funds on behalf of Anne P. Hutton, deceased
(name of original creditor/debtor).

2. Applicant is entitled to receive the requested funds, has made sufficient inquiry and has no knowledge that any other party may be entitled to, and is not aware of any dispute regarding the funds at issued based upon the following (check the statement(s) that apply):

- ☐ a. Applicant is the creditor/debtor named in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents.
- ☐ b. Applicant is the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, or who is authorized by the attached original Power of Attorney to file this application on behalf of the creditor/debtor.
- ☐ c. Applicant is the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the representative of the assignee or successor-in-interest, as evidenced by the attached documents establishing chain of ownership and/or assignment.
- ☐ d. Applicant is a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the creditor/debtor named in paragraph 1.
- ☒ e. Applicant is the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents substantiating applicant's right to act on behalf of the decedent's estate.
- ☐ f. None of the above apply. As evidenced by the attached documents, applicant is entitled to these unclaimed funds because:

3. I understand that pursuant to 18 U.S.C. § 152, I could be fined no more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U.S. Attorney for possible prosecution.
4. I declare under penalty of perjury under the laws of the United States of America that the foregoing statements and information are true and correct.

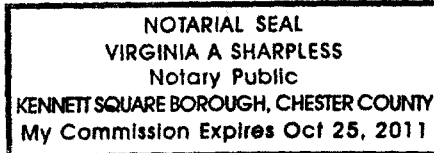
Dated: 2/10/09

Applicant's Signature *Steven B. Hutton*, Executor
Applicant's Name Steven B. Hutton
Address c/o Larmore Scarlett LLP, P.O. Box 384
Kennett Square, PA 19348
Phone: (610) 444-3737

Subscribed and sworn before me this 10th day of February, 2009.

Virginia A. Sharpless
Notary Public
State of PENNSYLVANIA
My commission expires 10/25/2011

- Attachments: 1. Death Certificate
2. Short Certificate
3. _____
4. _____



Certificate of Service

I certify that on 4/8/09 (date), a true and correct copy of this application for payment of unclaimed funds was served by first class United States Mail on the following:

U.S. Attorney
P.O. Box 61129
Houston, TX 77208

U.S. Trustee
515 Rusk Ave., Ste. 3516
Houston, TX 77002

Other: _____

with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Charles Hardester
Charles Hardester
State Registrar

3185319

No.

MAY 6 2004

Date

H105, 143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

060762

NAME OF DECEDENT (First, Middle, Last) 1. <u>Ann P Hutton</u>		SEX 2. <u>Female</u>	SOCIAL SECURITY NUMBER 3. <u>207 - 20 - 6811</u>	DATE OF DEATH (Month, Day, Year) 4. <u>6-17-99</u>
AGE (Last Birthday) 72 Yrs.	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year) 8-29-26	BIRTHPLACE (City and State or Foreign Country) Philadelphia
COUNTY OF DEATH Chester	CITY, BORO, TWP OF DEATH Penn Twp	FACILITY NAME (If not institution, give street and number) Southern Chester County Med.	PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	WAS DECEDENT OF HISPANIC ORIGIN? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; do not use retired.) Homemaker	KIND OF BUSINESS/INDUSTRY	WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (14 or 5+)	MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married, Widowed, Divorced (Specify) Married
DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 211 Azalea Lane West Grove, PA 19390	DECEDENT'S ACTUAL RESIDENCE (See instructions on other side)	17a. State <u>PA</u>	17b. County <u>Chester</u>	17c. <input checked="" type="checkbox"/> Yes, decedent lived in <u>Penn</u> <input type="checkbox"/> No, decedent lived within actual limits of <u>city</u>
FATHER'S NAME (First, Middle, Last) John V. Postles	MOTHER'S NAME (First, Middle, Maiden Surname) Helen Nason	INFORMANT'S NAME (Type/Print) Richard J. Hutton		
INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 211 Azalea Lane West Grove, PA 19390		21d. <u>RA Ferris Inc</u>		
METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		DATE OF DISPOSITION (Month, Day, Year) 6-18-99		LOCATION - City/Town, State, Zip Code West Chester, PA 19380
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Matthew J. Hines</u>		LICENSE NUMBER FD 014534 L	NAME AND ADDRESS OF FACILITY Poult F.H. 200 Rose Hill Rd West Grove,	
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		23a. Signature and Title <u>Sean Dorrell MD</u>		23b. DATE SIGNED (Month, Day, Year) 6/17/99
Items 24-28 must be completed by person who pronounces death.		TIME OF DEATH 9:58 AM		DATE PRONOUNCED DEAD (Month, Day, Year) 6/17/99
27. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as tardial or respiratory arrest, shock or heart failure. List only one cause on each line.		28. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Cerebrovascular Accident</u> b. <u>Hypertension</u> c. <u>End stage renal disease</u> d. <u>Peritonitis</u> e. <u>Deep vein thrombosis</u>				
WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input type="checkbox"/>	MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>		
DATE OF INJURY (Month, Day, Year) 30a. <u>6/17/99</u>		TIME OF INJURY 30b. <u>M.</u>	INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 30c. <u>Extown PA</u>		LOCATION (Street, City/Town, State) 30d. <u>19341</u>		
CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.		SIGNATURE AND TITLE OF CERTIFIER 31b. <u>Sean Dorrell MD</u>		
*PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		31c. <u>MD 041627-E</u>		
*MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print <u>Sean Dorrell</u> <u>710 E. Lancaster</u> <u>Extown PA 19341</u>		
REGISTRAR'S SIGNATURE AND NUMBER 33. <u>Andrew D. Gentry</u>		DATE FILED (Month, Day, Year) 34. <u>6/17/99</u>		

SHORT CERTIFICATE

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER

File Number: 1599-0900

I, PAULA GOWEN, Register of Wills, in and for the County of Chester in the Commonwealth of Pennsylvania, do hereby certify that on the 13th day of February, 2009

LETTERS TESTAMENTARY

on the Estate of:

ANNE P. HUTTON, Deceased

were granted to:

STEVEN B. HUTTON

having first been qualified well and truly to administer the same. I further certify that no revocation of said Letters appears of record in my office.

Date of Death: 06/17/1999
Soc. Sec. No.: [REDACTED]

Given under my hand and seal of office this
13th day of February, 2009


Deputy for the Register of Wills

NOT VALID WITHOUT ORIGINAL SIGNATURE AND IMPRESSED SEAL.